

Refer to:
MB: JG
KS WA 0304.90

Ms. Janet Schalansky
Deputy Secretary
Department of Social and Rehabilitation Services
Docking State Office Building
915 Harrison
Topeka, Kansas 66612

Dear Ms. Schalansky:

I am pleased to inform you that your request to renew of Kansas' home and community-based services waiver for individuals with physical disabilities authorized under the provisions of Section 1915(c) of the Social Security Act. This waiver has been assigned control number 0304.90.

Based on the assurances and additional information provided, the waiver renewal request is approved for a 5-year period, effective January 1, 2000 through December 31, 2004.

The following estimates of utilization and cost of waiver services have been approved:

	<u>C</u>	<u>x</u>	<u>D</u>		<u>Total</u>
(01/01/2000 – 12/31/2000) Year 4	5,000	x	10,055	=	\$50,275,000
(01/01/2001 - 12/31/2001) Year 5	5,000	x	10,151	=	\$50,755,000
(01/01/2002 - 12/21/2002) Year 6	5,000	x	10,257	=	\$51,285,000
(01/01/2003 - 12/31/2003) Year 7	5,000	x	10,356	=	\$51,780,000
(01/01/ 2004 - 12/31/2004) Year 8	5,000	x	10,463	=	\$52,315,000

This waiver renewal request conforms to the requirements of the statute and Medicaid regulations. We appreciate the effort and cooperation provided by your staff.

Sincerely,

Joe Tilghman
Regional Administrator

cc: Bob Day
bcc: Luce
Taggart
Patterson
Barraza
M J Duckett, CO

GLAZE:Jg 12/21/99 KS 304.90.rew